

This is an official
CDC Health Advisory

Distributed via Health Alert Network
September 3, 2004, 10:18 EDT (10:18 AM EDT)

Imported Lassa Fever Case in New Jersey

Background Information

On September 2, 2004, results of laboratory testing performed at the Centers for Disease Control and Prevention (CDC) support a diagnosis of Lassa fever in a 38-year-old man who died in a New Jersey hospital on August 28. The patient had returned to the United States on August 24 after reportedly spending 5 months in Liberia, where Lassa fever is endemic. This is the first report of a travel-related case of Lassa fever in the United States since 1989.

Lassa fever is an acute viral disease caused by Lassa virus, an arenavirus that is found throughout much of western Africa. The incubation period is usually about 10 days (range 6 to 21 days). The illness is characterized by fever, muscle aches, sore throat, nausea, vomiting, and chest and abdominal pain. Most (about 80%) human infections are mild or asymptomatic; in severe cases, hypotension or shock, hemorrhage, seizures, and death may occur. In disease-endemic areas, Lassa fever causes 100,000 to 300,000 human infections and approximately 5,000 deaths each year.

Lassa virus is spread to humans primarily through contact with the excreta of infected rodents. Person-to-person transmission is uncommon and occurs through direct unprotected contact with blood and other body fluids of an infected person. The virus is not spread by casual contact. Although several cases of imported Lassa fever have been reported previously, secondary transmission to other persons has been extremely rare among both travelers and healthcare workers in non-endemic areas.

Interim Guidance for Risk Assessment and Management

As part of the current investigation, CDC is working with the New Jersey Department of Health and Senior Services and other public health authorities to identify persons who might be at increased risk as a result of close contact with the patient or his body fluids. Public health authorities have established the following criteria for persons who might be at risk. As a precaution, a low-risk category for contact tracing and follow-up is defined below.

- **High risk**
 - Exposure from a percutaneous injury (e.g., a needlestick or cut with a sharp object) to blood, tissue or other body fluids that are potentially infectious (e.g., urine, vomitus, stool)
 - Exposure from direct, unprotected contact with potentially infectious material (e.g., touching vomitus with an ungloved hand)
 - Exposure via mucosal exposure (e.g., to eyes, nose, mouth) to splashes or droplets of potentially infectious blood and body fluids or sexual contact with a symptomatic patient.
- **Low risk**
 - Sharing a room or seated in a vehicle within 6 feet (i.e., coughing distance) of a potentially infectious patient, without direct contact with potentially infectious material

- Providing routine medical care while using personal protective equipment appropriately
- Routine cleaning and laundry of contaminated linens and surfaces while using personal protective equipment appropriately
- Transport of a potentially infectious patient or specimen without direct contact with potentially infectious material
- Handling of clinical specimens while using personal protective equipment appropriately

Patient Travel History

Available information regarding the patient's travel itinerary from West Africa is as follows. The patient left Freetown, Sierra Leone, on Astraeus Flight 72, which departed 11:15 pm on August 23, 2004 and arrived at Gatwick Airport in London, England. He then traveled on Continental Flight 29, which departed London Gatwick Airport on August 24 and arrived in Newark, N.J., at 3:20 pm on August 24. CDC is working to obtain the passenger manifests for these flights and will provide passenger seating and contact information for those at risk to state health departments as soon as it is available. CDC also has contacted health officials in the United Kingdom and the World Health Organization about this case.

People who traveled on these flights and who think they may be at risk are advised to monitor their health for 21 days after their travel (i.e., through September 18, 2004). Other people, including health-care workers, who think they might be at risk should monitor their health for 21 days after the last potential exposure. If fever of 101°F or greater develops, these persons should contact their state or local health departments for further instructions.

This investigation is ongoing. At this time public health authorities are attempting to identify persons at risk for exposure. Persons in New Jersey who believe they may be at risk should contact the New Jersey health department hotline at 1-866-234-0964. Persons residing in other states should contact their state or local health departments. Additional information about Lassa fever and patient management is provided in the flow charts at the end of this document.

Laboratory Diagnostics and Additional Information

Common causes of fever should be included in the differential diagnosis in addition to consideration of Lassa fever as an etiology. Specific diagnostic testing for Lassa fever is available at CDC (phone: 404-639-1115). Additional information about Lassa fever testing is available on the CDC website at <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/lassaf.htm>. CDC information about infection control is available at <http://www.cdc.gov/ncidod/hip/>.

For additional information about the case in New Jersey, please see the website of the New Jersey Department of Health and Senior Services <http://www.state.nj.us/health/> or contact the health department's hotline at 1-866-234-0964. For more information about Lassa fever, please see the CDC website at <http://www.cdc.gov>.

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2004 List of Reportable Conditions available at: <http://www.scdhec.net/hs/diseasecont/disease.htm>.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

District Public Health Offices

Mail or call reports to the District Epidemiology/Disease Reports office in each district.

Appalachia I

(Anderson, Oconee)

220 McGee Road
Anderson, SC 29625
Phone: (864) 231-1966
Fax: (864) 260-5623
Nights / Weekends: 1-(866)-298-4442

Appalachia II

(Greenville, Pickens)

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: (864) 460-5355 or
1-800-993-1186

Appalachia III

(Cherokee, Spartanburg, Union)

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227 ext. 210
Fax: (864) 596-3443
Nights / Weekends: (864) 809-3825

Catawba

(Chester, Lancaster, York)

PO Box 817
1833 Pageland Highway
Lancaster, SC 29721
Phone: (803) 283-3175
Fax: (803) 283-0572
Nights / Weekends: 1-(866)-867-3886 or
1-(888)-739-0748

Edisto Savannah

(Aiken, Allendale, Barnwell)

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 642-1619
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

Edisto Savannah

(Bamberg, Calhoun, Orangeburg)

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 536-9118
Nights / Weekends: (803) 954-8513

Low Country

(Beaufort, Colleton, Hampton, Jasper)

1407 King Street
Beaufort, SC 29902
Phone: (843) 525-7603
Fax: (843) 525-7621
Nights / Weekends: 1-800-712-6586

Palmetto

(Fairfield, Lexington, Newberry, Richland)

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: (803) 304-4252

Pee Dee

(Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion)

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

Trident

(Berkeley, Charleston, Dorchester)

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 746-3832
Fax: (843) 746-3851
Nights / Weekends: (843) 219-8470

Upper Savannah

(Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda)

PO Box 3227
1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Waccamaw

(Georgetown, Horry, Williamsburg)

2830 Oak Street
Conway, SC 29526-4560
Phone: (843) 365-3126
Fax: (843) 365-3153
Nights / Weekends: (843) 381-6710

Wateree

(Clarendon, Kershaw, Lee, Sumter)

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 773-6366
Nights / Weekends: 1-(877)-831-4647

Bureau of Disease Control

Acute Disease Epidemiology Division
1751 Calhoun Street
Box 101106
Columbia, SC
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.